

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
3		/					52						
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45							94						
46							95						
47							96						
48							97						
49							98						
50							99						
TOTAL IND.	5						100						
TOTAL DEP.	18						TOTAL IND.						
TOTAL CLAIMS	23						TOTAL DEP.						
							TOTAL CLAIMS						